



Division Directive Number
5.050

Effective Date: March 1, 2005

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Title: Statewide Transition Reimbursement Rate

Application: Applies to Division of Mental Retardation and Developmental Disabilities

Purpose: To develop a statewide rate setting process for habilitation center transition.

The Division has developed a process to help promote community service expansion to meet the needs of habilitation center consumers requesting community services and to serve those consumers living in the community at the threshold of requiring habilitation center services. The individual's interdisciplinary team or the Regional Center Director must agree the individual could be served successfully in the community and the consumer and guardian support the decision to pursue community service options.

The Division's transition reimbursement rate process only applies to habilitation center consumers accessing MRDD Waiver community services. If a consumer accesses ICF/MR services in the community the transition reimbursement rate will not apply. The process includes;

Option #1

- ✓ Establishing a combined rate of \$212 per day which includes habilitation services of approximately \$197 per day and \$15 per day room and board.
- ✓ The rate shall be used to purchase all necessary community services determined by the individual support plan. (Community services include residential services, transportation, day habilitation and other necessary services.) Consumers may choose a provider other than the residential provider for some of their community services. When this occurs payment for the community service must be negotiated and paid within the \$212 total daily rate.
- ✓ No additional funding will be added to the \$212 per day if providers select the Transition Reimbursement Rate, unless the consumer experiences a substantial change in behavior or medical needs requiring additional supports to be successful in the community. The provider must immediately submit a written request for additional supports to the Regional Center Director and Deputy Director of Community Services. The decision to authorize additional services and funding will be made in a timely manner. The rate will be in effect for 18 months after services begin.
- ✓ Providers will be required to submit a Uniform Cost Report to the Division within 18 months of the contract rate setting process. The Division may use the Rate Setting Committee to review information and determine actual rate. The Division will review the Uniform Cost Report before

the 18 month period is exhausted to determine the actual cost of services funded by the Transition Reimbursement Rate. The Division shall adjust the rate, not to exceed \$212 per day, to reflect the actual service cost.

Option #2

- ✓ Support needs that exceed the \$212 per day rate up to \$288 per day will be approved by the Regional Center Director within their Regional Centers available budget.
- ✓ Any additional costs for direct care supervision at the Community Integration Skills Trainer (CIST) or Community Specialist (CS) level that are considered must be approved by the Regional Center Director. Increases in CIST or CS hours on ISL budgets beyond the standards established in the Division's ISL Guidelines will be considered based on specific training requirements related to the individual consumer's needs as documented in the support plan.
- ✓ Plans that exceed \$288 per day will be forwarded to the Division's Deputy Director of Community Services for approval.
- ✓ Deputy Director of Community Services will notify the Regional Center Director within three days of his decision.
- ✓ Negotiated rates will also require the submission of a Uniform Cost Report to the Division within 18 months of the contract rate setting process. The actual cost of the services will be determined and a new rate not to exceed the transition reimbursement rate will be established immediately after the 18 month period.

Other Issues

- ✓ Flexibility to use the approved transition reimbursement rate will be offered to community providers to help build additional provider capacity. For example, a provider may use some of the funds to move a group home consumer into another living arrangement more suitable to meet their needs and use the empty bed to meet the needs of a habilitation center resident requesting group home services or to meet the needs of someone at the threshold of entering the habilitation center. The process must not exceed the approved transition reimbursement rate per day in total.
- ✓ Consumers moving into existing residential settings that have an established rate will be invoiced to the department at the current residential daily rate plus an additional amount authorized as intensive residential habilitation to produce the approved transition reimbursement rate per day.
- ✓ Targeted Case Management services will be billable for consumers during the transition of their move into the community. The Division will establish the guidelines and share with all TCM providers.
- ✓ On an individual need basis, the Regional Center Director may approve start up costs for individuals transitioning into the community from the habilitation center or for consumers at the threshold of entering the habilitation center up to a maximum of \$6,000.
 - A new Medicaid waiver service for habilitation center consumers only, community transition, is available through the MRDD Comprehensive Waiver. This service has a limitation of \$3,000 and there are certain start-up costs that it can cover. When community transition services are accessed, the total cost of community transition services will be considered toward the \$6,000 maximum, not in addition to the \$6,000 maximum.
 - Waiver home modification services (up to \$5,000) may also be accessed in advance of a person moving to the community. When home modification services are accessed, the cost of the service also will be considered toward the \$6,000 maximum.

- Since the services may not be billed to Medicaid until the person has moved to the community, Regional Centers may reimburse providers through POS for these services, and bill Medicaid as the waiver provider under the Organized Health Care Delivery System (OHCDS) provisions once the transition is complete.
- The Division in conjunction with the Regional Center Directors will develop a process to track consumers moving from the habilitation center into the community to show successes and determine if other areas need assistance.
- ✓ MRDD Rate Review Committee will retroactively review the transition reimbursement rates exceeding the \$288 per day. The purpose of the review is to identify trends, patterns, quality assurance issues or other issues impacting the MRDD rate structure to serve consumers transitioning from the habilitation centers. The Committee will review this information at least quarterly and share any findings with the Division.

DEFINITION:

Consumer at the threshold of entering the habilitation center: A consumer who requires support services beyond the scope of services a current contract provider is able to provide within its established rate. The Regional Center Director will refer the consumer to the Deputy Director of Community Services to determine if habilitation center services are required. Deputy Director of Community Services may authorize the Regional Center Director to use the Transition Reimbursement Rate to purchase appropriate community services within the Regional Center's available resources.